



Board of Health Meeting
 Tuesday, June 25, 2024, 9:00 a.m.
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the June 25, 2024 Board of Health meeting can be submitted [here](#) or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 9:00 a.m. on Monday, June 24, 2024. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:00	A	Call the meeting to order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:02		Roll call	Chairman Kelly Aberasturi
9:04	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:05		In-person public comment	
9:10	I	Open discussion	
9:15	A	Approval of May 21, 2024 minutes	Chairman Kelly Aberasturi
9:17	I	Introduction of new employees	Division Administrators
9:25	I	May 2024 Expenditure and Revenue Report	Troy Cunningham
9:40	I	Measles Response Plan	Ricky Bowman, Andy Nutting
10:10		Break	
10:25	I	Western Idaho Community Crisis Center Semi Annual Report	Cas Adams
10:45	I	Western Idaho Youth Support Center Update	Cas Adams
11:05	A	Board of Health Leadership Position Elections	Chairman Kelly Aberasturi
11:20	I	Board Bylaw Review	Nikki Zogg
11:35	I	H5N1 Avian Influenza Update	Cate Lewis
11:45	I	Trustee Meeting Update	Trustee Kelly Aberasturi
11:50	I	Director's Report	Nikki Zogg
		- Resolutions for the annual Idaho Association of District Boards of Health (IADBH) meeting	
12:00		Adjourn	

NEXT MEETING: Tuesday, July 23, 2024, 9:00 a.m.

Healthier Together



BOARD OF HEALTH MEETING MINUTES
Tuesday, May 21, 2024

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
John Tribble, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Mitch Kiester, Emily Geary, Troy Cunningham, Jody Waddy, Don Lee, Charlene Cariou

Virtual attendees: Jeff Renn

GUESTS: None

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:16 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. John Tribble – present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present; Commissioner Butticci – present.

REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

MOTION: Commissioner Haines made a motion to approve the agenda as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No public comment given. No members of the public present.

OPEN DISCUSSION

There were no items for open discussion.

APPROVAL OF MEETING MINUTES – APRIL 23, 2024

Board members reviewed meeting minutes from the April 23, 2024 meeting.

MOTION: Commissioner Riebe made a motion to approve the minutes as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

New employee introductions were made.

APRIL 2024 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the April 2024 Expenditure and Revenue Report. The finance team is working to manually review revenue data entries. Luma continues to create challenges with data and revenue reporting.

The revenue section shows county contributions are at 77% due to some delayed county payments. Fee revenues are at 88% with contract revenues at 74%. Personnel expenditures remain low due to vacancies.

YEAR IN REVIEW – AMERICORPS SERVICE MEMBER

Karen Swenson, AmeriCorps service member volunteer, recently completed a service term at SWDH. She enjoyed being here and shared a summary of her service. AmeriCorps is a federally funded, locally implemented program benefiting the communities with education programs. Karen shared her work with teaching Mental Health First Aid and Question, Persuade, Refer (QPR) in partnership with Healthy Minds Alliance. The programs AmeriCorps volunteers present must be evidence based.

SWDH hopes to partner with Idaho State University to recruit more AmeriCorps volunteers.

OPIOID SETTLEMENT PLAN FISCAL YEAR 2025

Charlene Cariou, SWDH Program Manager, shared information about how SWDH has used opioid funds to date and requested input on future use of the funds. Survey results indicate Region 3 supports funding for building stronger families, creating safer communities, and fostering strong mental health.

The Community Health team has met these support requests by providing prevention through coordinating Guiding Good Choices with parent and caregiver groups, by continuing to coordinate with other settlement recipients and helping provide mobile counseling services and ensure availability of naloxone for high-risk groups. Next fiscal year, the team hopes to focus further on infrastructure and support and treatment centers.

Charlene will work with the overdose prevention coordinator and provide data to Board members at a future meeting.

Charlene asked for guidance for allocating opioid funding. She shared that the proposal provides detail for the infrastructure and support/treatment category and how these align with the approved activity matrix and how successes will be identified. Charlene requested a total spending budget of the opioid settlement funds for fiscal year 2025 (FY25) in the amount of \$433,034.05.

MOTION: Commissioner Riebe made a motion to approve the Fiscal Year 2025 settlement plan spending request of \$433,034.05 as presented. Commissioner Haines seconded the motion. All in favor; motion passes. All in favor; motion passes.

WIC 50 – HONORING THE PAST, NOURISHING THE FUTURE

Emily Geary, Program Manager, provided an overview of the WIC program, Infants, and Children (WIC) program's accomplishments over the last five decades in celebration of the program's 50th anniversary. WIC works toward the public health goals of equitable access and provides nutritious foods. The program is allocated and adjusts to the economy. During economic booms client numbers drop off and during recession periods those numbers increase. WIC is designed as a supplemental program and provides nutritional education, screenings, and provider referrals.

Board members viewed a short video on nutrition education importance and Emily shared a reference sheet and recipe book with recipes featuring WIC foods.

Some of the changes in the WIC program over the years include visit frequency, paper checks have transitioned to debit card access. Other changes being considered include expanding the culturally appropriate options such as teff flour. Board members asked if there is a drive to go back to non-processed foods and natural foods. Emily explained the juices available are 100% juice, and organic purchase options are available.

WIC is federally funded and funds come to SWDH through a pass-through grant from Idaho Department of Health and Welfare.

SOLID WASTE AUTHORITY

District directors have discussed solid waste authority following recent challenges District 4 has had with forced closure of a non-municipal landfill in its region. Currently, statutes place enforcement duties on the health districts. District directors share valid concerns that most of the landfills are municipal and health districts are funded by counties creating a conflict of interest for health districts to then be the enforcement authority. In addition, health districts are not equipped with the legal counsel and financial resources to carryout enforcement activities.

District directors will visit with each of the Boards of County Commissioners (BOCCs) about this topic and ask for board member input regarding the proposed language. There will be a presentation on this topic by district directors from eastern Idaho at the Idaho Association of Clerks and Commissioners conference (IACC) in June. Nikki will not be in attendance but some of her peers will present and lead the discussion. This topic and a proposed resolution will also be discussed at the October Idaho Association of District Boards of Health if there is enough interest.

Nikki has not yet talked to landfill directors about this proposed change. Mitch and Nikki will discuss this and can visit with the landfill directors.

Commissioner Riebe and Commissioner Butticci indicated there is not a need for Nikki to make a trip out to present to the BOCCs. They will take the topic back to their BOCCs for discussion.

DIRECTOR’S REPORT

Board of Health Leadership Position Elections

Nikki reminded Board members that next month Board members will elect the leadership positions of Chair, Vice Chair, Trustee and Executive Council Representative.

Board of Health Term Expirations

There are no term expirations this year for Board members.

Food Fees – Next Steps

Public health district directors have been working to change the food fee statute but did not have full consensus with proposals. Changing the statute is labor intensive and will not be successful without other district buy in. At this point, Nikki has asked our staff to pause work on changing these fees and, at this point, will not push legislation forward next year.

Budget Presentations to Boards of County Commissioners - Feedback

Nikki asked for Board members to email any feedback on the presentations to Boards of County Commissioners.

EXECUTIVE SESSION

Pursuant to Idaho Code 74-206(b) Commissioner Haines made a motion to go into Executive Session. ; Commissioner Riebe seconded the motion. Roll call taken; All Board members in attendance with the exception of Commissioner Purdy who excused herself at 11:58 a.m.

At 12:34 p.m., Board members returned from Executive Session.

ACTION TAKEN AS A RESULT OF EXECUTIVE SESSION

MOTION: Commissioner Haines made a motion to renew the contract with the updated terms and with an increase of 2% to the hourly compensation. Commissioner Riebe seconded the motion. All in favor; motion passes.

Note: Commissioner Butticci had to leave but did express support prior to stepping away.

There being no further business, the meeting adjourned at 12:37 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: May 21, 2024



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2024

May-24

Cash Basis

Target **91.7%**

Fund Balances		
	FY Beginning	Ending
General Operating Fund	\$ 362,480	\$ 1,564,281
Millennium Fund	\$ -	\$ 15,221
LGIP Operating	\$ 6,621,873	\$ 6,903,232
LGIP Vehicle Replacement	\$ 102,536	\$ 108,022
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 9,889,931

} As of June 17, 2024

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 11,446,555	\$ 914,962	
Expenditures:	\$ (9,523,351)	\$ (819,723)	
Net Income:	\$ 1,923,204	\$ 95,239	

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 449,302	\$ -	\$ -	\$ -	\$ 449,302	\$ 2,777,361	\$ 3,031,875	92%
Fees	\$ -	\$ 49,347	\$ 147,070	\$ -	\$ 196,417	\$ 1,544,465	\$ 1,553,787	99%
Contract Revenue	\$ 11,213	\$ 98,436	\$ 110,684	\$ -	\$ 220,334	\$ 6,306,952	\$ 6,580,992	96%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,100	0%
Interest	\$ 28,748	\$ -	\$ -	\$ -	\$ 28,748	\$ 321,277	\$ 150,000	214%
Other	\$ -	\$ -	\$ 20,100	\$ 61	\$ 20,161	\$ 496,500	\$ 124,049	400%
Monthly Revenue	\$ 489,263	\$ 147,784	\$ 277,854	\$ 61	\$ 914,962	\$ 11,446,555	\$ 11,452,803	100%
Year-to-Date Revenue	\$ 3,394,231	\$ 3,012,190	\$ 4,467,355	\$ 572,779	\$ 11,446,555	DIRECT BUDGET		

Expenditures								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 40,860	\$ 245,504	\$ 225,440	\$ 105,093	\$ 616,897	\$ 7,464,020	\$ 9,415,704	79%
Operating	\$ (109,554)	\$ 44,537	\$ 35,569	\$ 44,324	\$ 14,875	\$ 1,804,550	\$ 1,784,160	101%
Capital Outlay	\$ 182,977	\$ -	\$ -	\$ -	\$ 182,977	\$ 203,237	\$ 130,000	156%
Trustee & Benefits	\$ -	\$ -	\$ 4,975	\$ -	\$ 4,975	\$ 51,545	\$ 122,938	42%
Monthly Expenditures	\$ 114,282	\$ 290,041	\$ 265,984	\$ 149,417	\$ 819,723	\$ 9,523,351	\$ 11,452,803	83%
Year-to-Date Expenditures	\$ 902,691	\$ 3,196,146	\$ 3,501,057	\$ 1,923,458	\$ 9,523,352	DIRECT BUDGET		

SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

May-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **91.7%**



Income Statement Information

	<u>YTD</u>	<u>Month</u>
Net Revenue: \$	795,000	\$ 85,000
Expenditures: \$	(903,850)	\$ (84,545)
Net Income: \$	(108,850)	\$ 455

Adult Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 85,000	\$ 795,000	\$ 935,000	85%
Monthly Revenue	\$ 85,000	\$ 795,000	\$ 935,000	85%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,015	\$ 30,582	\$ 36,963	83%
Operating	\$ 83,531	\$ 873,268	\$ 898,037	97%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 84,545	\$ 903,850	\$ 935,000	97%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

May-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **91.7%**



Income Statement Information

	<u>YTD</u>	<u>Month</u>
Restricted Funds:	\$ 4,090,218	\$ -
Net Revenues:	\$ 1,306,214	\$ 93,077
Expenditures:	\$ (1,586,593)	\$ (233,273)
Net Income:	\$ 6,983,025	\$ (140,196)

Youth Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ 639,237	\$ 639,237	100%
SWDH OPIOID Settlement	\$ -	\$ 124,656	\$ 124,656	100%
BOH Committed Reserve	\$ -	\$ 3,326,325	\$ 3,326,325	100%
Other (Donations & Grants)	\$ 50,000	\$ 190,000	\$ -	N/A
Contract Revenue	\$ 93,077	\$ 1,306,214	\$ 300,959	434%
Monthly Revenue	\$ 93,077	\$ 5,586,432	\$ 4,391,177	127%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 17,091	\$ 210,147	\$ 257,040	82%
Operating	\$ 200,151	\$ 857,498	\$ 3,097,601	28%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ 16,032	\$ 518,948	\$ 1,036,536	50%
Monthly Expenditures	\$ 233,273	\$ 1,586,593	\$ 4,391,177	36%
DIRECT BUDGET				





Measles National Update and SWDH Response

Board of Health

June 25, 2024

Overview

- Role of epidemiologists
- What is measles
 - Transmission
 - Complications
 - Risks
- Update on national outbreak and trends
- Cost of measles – days out of school, productivity, time
- Roles of community partners
- SWDH preparedness and response efforts
- Board of Health discussion topics

Role of Epidemiologists

- Conduct disease investigations per Idaho Administrative Procedure Act (IDAPA) 16.02.10
- Provide guidance and education to decrease disease transmission as noted by Disease Investigative Guidelines provided by Idaho Department of Health and Welfare, Bureau of Environmental Health and Communicable Disease
- Use data gathered during disease investigation to inform public health decisions to protect the health of the public

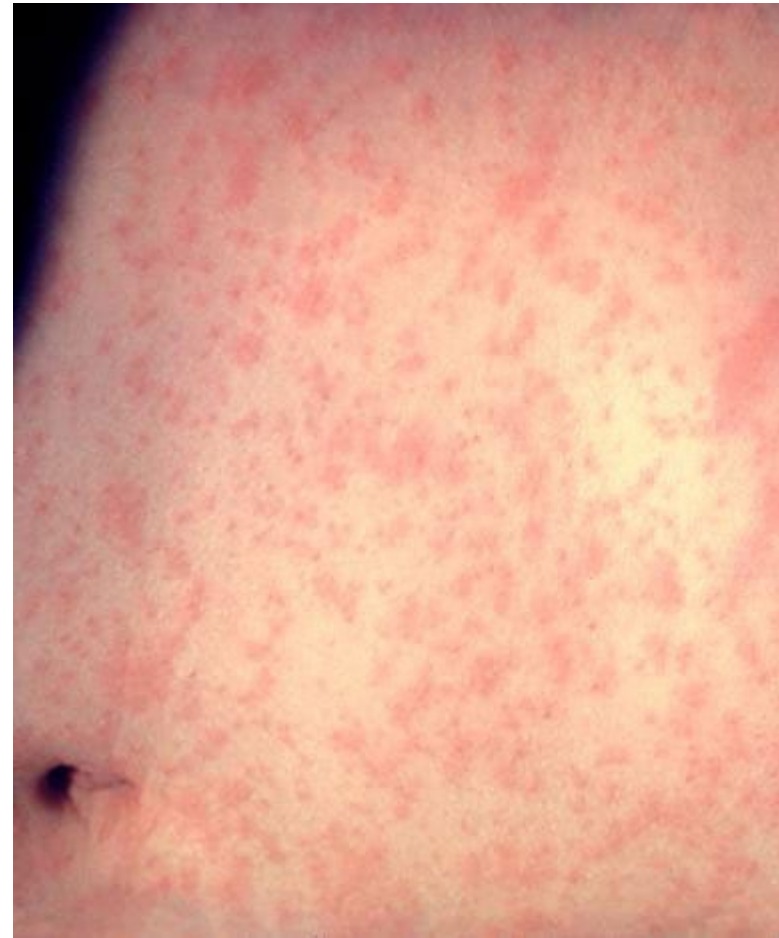
Idaho Investigative Guidelines

- Determine Case Definition
 - Rash duration
 - Laboratory Confirmation
 - Obtain Specimen
- Identify source of infection - ask questions about where they have been
- Seek secondary cases - ask for information about people they have been around
- Control further spread - provide guidance on quarantine and isolation, and monitor for symptoms in people who have been exposed
- Isolation and restriction
 - Process of issuing public health orders - primarily voluntary isolation
- URGENT:
 - Prioritization of contacts (household, others, healthcare, congregate settings)
 - Get symptoms, ascertain immunity, risk factors, and advise

IDAPA 16.02.10

- Section 020 - (01. – 06.)– Persons required to report reportable diseases, conditions, and school closures.
 - In addition to licensed physicians, reports must also be made by physician assistants, certified nurse practitioners, licensed registered nurses, school health nurses, infection surveillance staff, public health officials, and coroners.
- Idaho Department of Health and Welfare. (n.d.). 16.02.10 – Idaho Reportable Diseases: Measles. Retrieved from [160210.pdf \(idaho.gov\)](#)
- 04. a. Restrictions - Daycare Facility and School. (3-17-22) A child diagnosed with measles must not attend a daycare facility or school as long as the disease is in a communicable form. (3-17-22) b. In the event of a case of measles in a daycare or school, susceptible children must be excluded until adequate immunization is obtained, or the threat of further spread of the disease is contained, as provided in Sections 33-512(7) and 39-1118, Idaho Code. c. (3-17-22) A person who is diagnosed as having measles must not work in any occupation in which there is direct contact with children, as long as the disease is in a communicable form. (3-17-22) 0
- 5. Restrictions - Health Care Facility. A person diagnosed with measles in a health care facility must be managed under the “Guideline for Isolation Precautions in Hospitals,” as incorporated by reference in Section 004 of these rules.

Measles



Measles

Incubation: First signs of measles usually show up 7-14 days after exposure - up to 21 days

Symptoms:

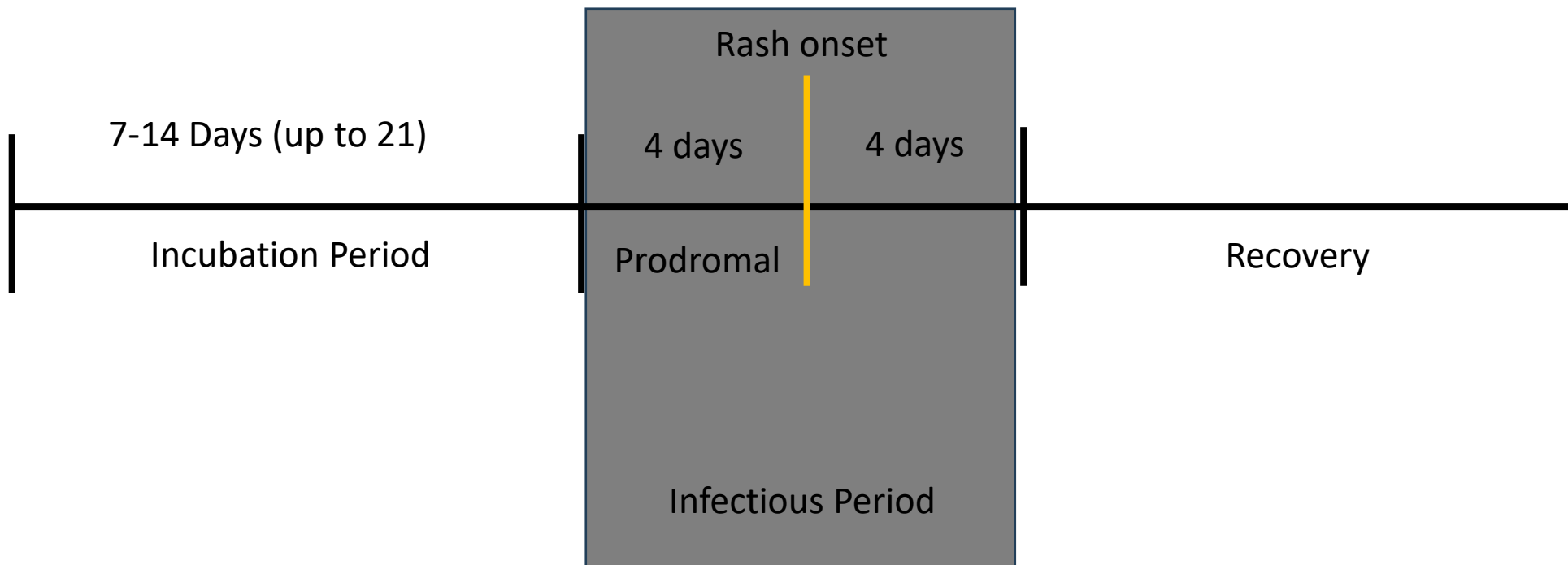
- **Fever**
- Cough
- Runny nose
- Conjunctivitis – red, swollen eyes
- Koplik's spots (seen only for a day or two before and after onset of rash)
- **Rash**
- Photophobia – sensitivity to light
- Coryza (sneezing, nasal congestion, mucopurulent nasal discharge)
- Swollen lymph nodes

Measles – Transmission and communicability

Transmission: Humans are the only known hosts. Transmission occurs by airborne droplets and direct contact with infected respiratory (nasal and throat) secretions.

- The measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Communicable/Infectious: Four days before the onset of rash, to four days after onset of rash (day of rash onset is day 0).



Measles - Complications

Measles can be serious in all age groups. However, there are several groups that are more likely to suffer from measles complications:

- Children younger than 5 years of age
- Adults older than 20 years of age
- Pregnant women
- People with weakened immune systems, such as from leukemia or HIV infection

Common complications

- Ear infections occur in about one out of every 10 children with measles
- Diarrhea is reported in less than one out of 10 people with measles

Hospitalization - About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized

Pneumonia - As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children

Why is Measles a Concern?

Measles is highly infectious

- If you have measles, up to 90% of the people close to you, who are not immune, will also become infected

Time virus can remain airborne and infectious

- The virus can survive for up to two hours in an airspace
 - Creates logistic and definition challenges

Infectiousness before symptom onset

- Being infectious up to four days before the onset of rash

Incubation period

- People may not show symptoms for a while – up to 21 days
 - Create logistic challenges for self-quarantine

Measles Nationwide

Measles - [Measles Cases and Outbreaks](#) | [Measles \(Rubeola\)](#) | [CDC](#)

- Currently, no measles cases in Idaho
 - Household outbreak in late 2023
- June 13, 2024, a total of 151 measles cases were reported by 22 jurisdictions:
 - Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Vermont, Virginia, **Washington**, West Virginia, and Wisconsin

Measles Nationwide - Stats

Age

- Under 5 years: 68 (45%)
- 5-19 years: 34 (23%)
- 20+ years: 49 (32%)

Percent of Age Group Hospitalized

- Under 5 years: 65% (44 of 68)
- 5-19 years: 41% (14 of 34)
- 20+ years: 49% (24 of 49)

Vaccination Status

- Unvaccinated or Unknown: 83%
- One MMR dose: 12%
- Two MMR doses: 5%

54% of cases hospitalized (82 of 151) for isolation or for management of measles complications

Cost of measles

- Limited literature on measles response
 - Inconsistency of evaluation, perspective, and reporting across published articles
 - Public Health perspective only or provider perspective only or both
 - Reporting only response cost or reporting both indirect and direct cost
- Review of 10 published studies from 2001 – 2018 representing 11 measles outbreaks
- The median total cost per measles outbreak (of the 11 reviewed) was \$152,308 (range, \$9,862–\$1,063,936)
- Healthcare Perspective
 - Total median cost was \$76,509 from the provider perspective
 - Median cost per case was \$32,805 (range, \$7,396–\$76,154)
 - Median cost per contact \$223 (range, \$81–\$746)

Jamison Pike, Andrew J Leidner, Paul A Gastañaduy, A Review of Measles Outbreak Cost Estimates From the United States in the Postelimination Era (2004–2017): Estimates by Perspective and Cost Type, *Clinical Infectious Diseases*, Volume 71, Issue 6, 15 September 2020, Pages 1568–1576, <https://doi.org/10.1093/cid/ciaa070>

Roles of Community Partners

If there were a single case of measles in Southwest District Health's Jurisdiction:

- Hospital infection preventionists will be notified to relay information of measles trends in the community throughout their hospital and provide guidance to doctors and staff
- Emergency managers will be notified to ensure resource allocations in the event resources are needed
- If there is a person who will not voluntarily isolate the sheriff and prosecuting attorney will be notified for situational awareness in the event a public health order will need to be initiated
- Notify school nurses and superintendents and provide guidance on how to respond
 - What precautions can be taken
 - What accommodations can be made if someone is exposed or falls ill
- Notify long term care facilities and provide guidance on how to respond
- Emergency medical services will be provided with situational awareness so that proper precautions can be taken for transport

SWDH Preparedness and response efforts

SWDH efforts:

- Outbreak toolkits – daycare and schools
 - School nurse workshops on measles
- Disseminating information about measles through the Idaho Health Alert Network (HAN)
- Strengthening working relationships with community partners
- Emergency operation center preparedness
- Disease notification scripts
 - Working with hospital infection prevention
 - Emergency medical services infection control

Board of Health Discussion Topics

- School Scenario
 - Unvaccinated child
 - IDAPA – susceptible child will need to be excluded until vaccination is obtained
 - Investigative guidelines – vaccination only effective within 72 hours after exposure
 - Airborne for more than 2 hours
 - Enforcement
 - School or public health
- If person is non-compliant for quarantine or isolation
 - What does that look like
 - Who is enforcing
 - IDAPA
- Public health order
 - Board's role - Idaho code
 - Directors' role – IDAPA

Any questions?

Any information you would have liked to hear?



WIDCCC

Semi-Annual Update

Cas Adams, Project Manager

Purpose

- Diversion from unnecessary:
 - involvement in the justice system
 - admission to emergency departments, hospitals, and in-patient behavioral health
- Prevent future crises via referrals to community-based services
- Promote wellbeing, resilience, and self-sufficiency

Services

- Crisis stabilization services for adults
- Stay up to 23 hours and 59 minutes in a single episode of care
- De-escalation, peer support, case management, safety planning, community-based referrals
- Food, water, shower, clean clothes, rest, personal care/hygiene products

Census – Client Visits FY24

- **Total:** 729
- **Unduplicated:** 374
- **Average length of stay:** 12 hours

Total # of client visits per QTR



Demographics - FY24



Homeless

82%



Male

63%



Female

36%



Veterans

4%

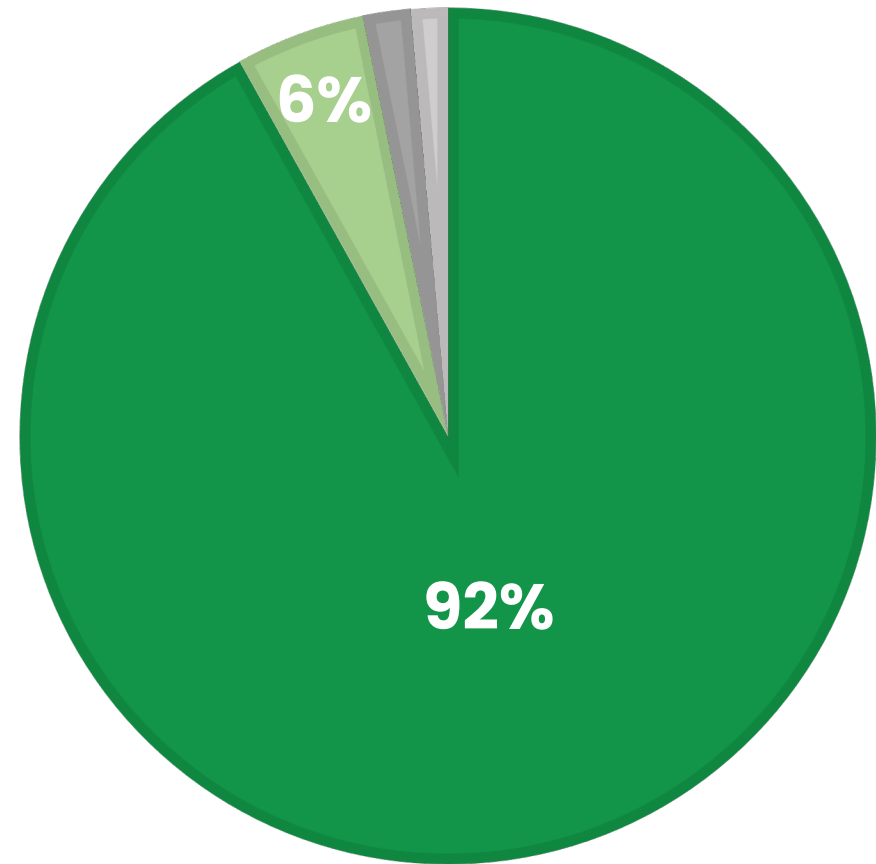


Average Age

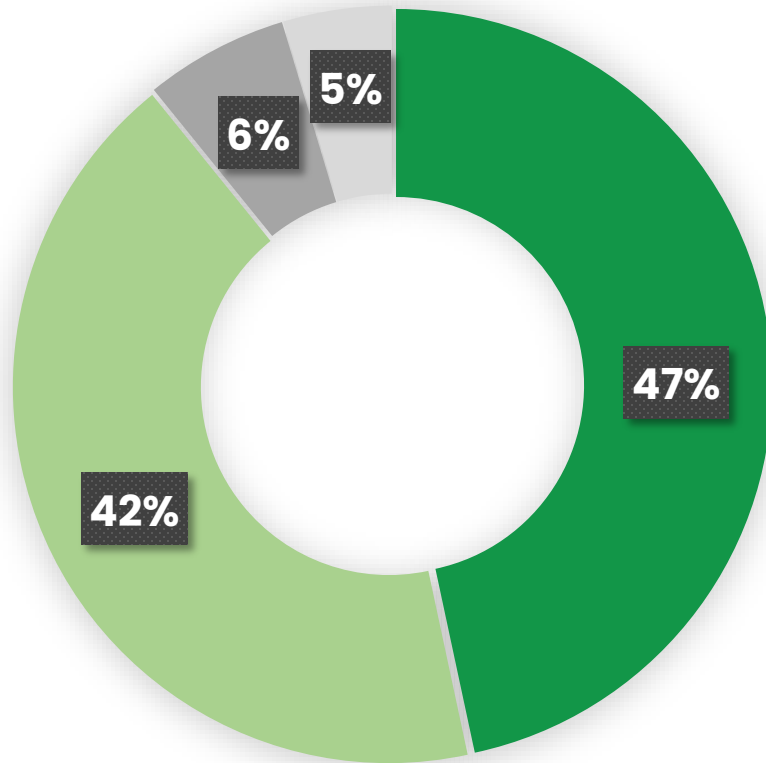
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Demographics – FY24

- Canyon County
- Other Counties (Not R3)
- Out of State
- Other Counties (R3)



Diagnoses and Presenting Concerns

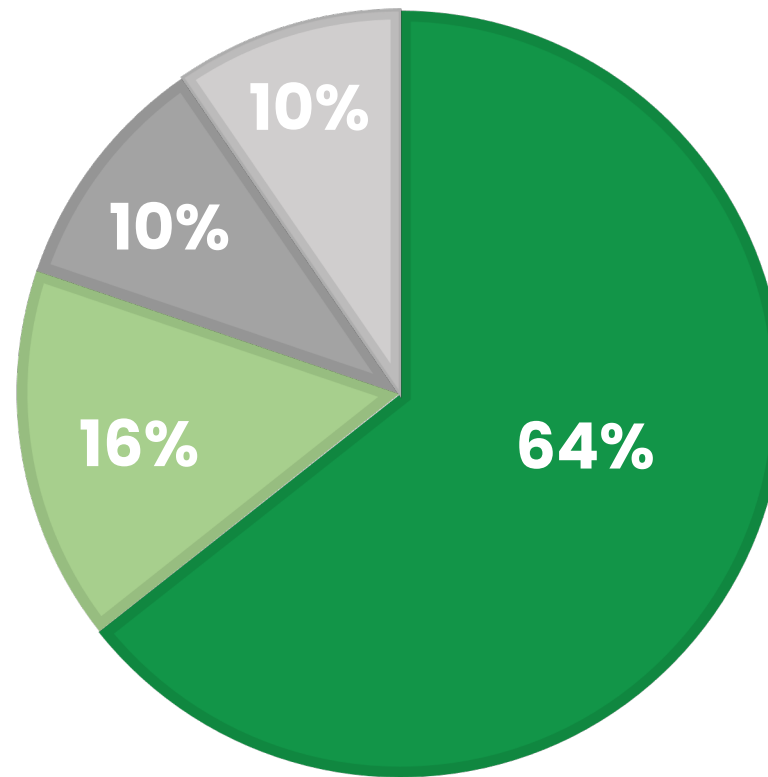


- Co-occurring Mental Health and Substance Use Concerns
- Mental Health Concerns Only
- Substance Use Concerns Only
- No Mental Health or Substance Use Concerns

Main presenting concerns: suicidal thoughts, substance use recovery, general behavioral health resources, and housing

Insurance Information

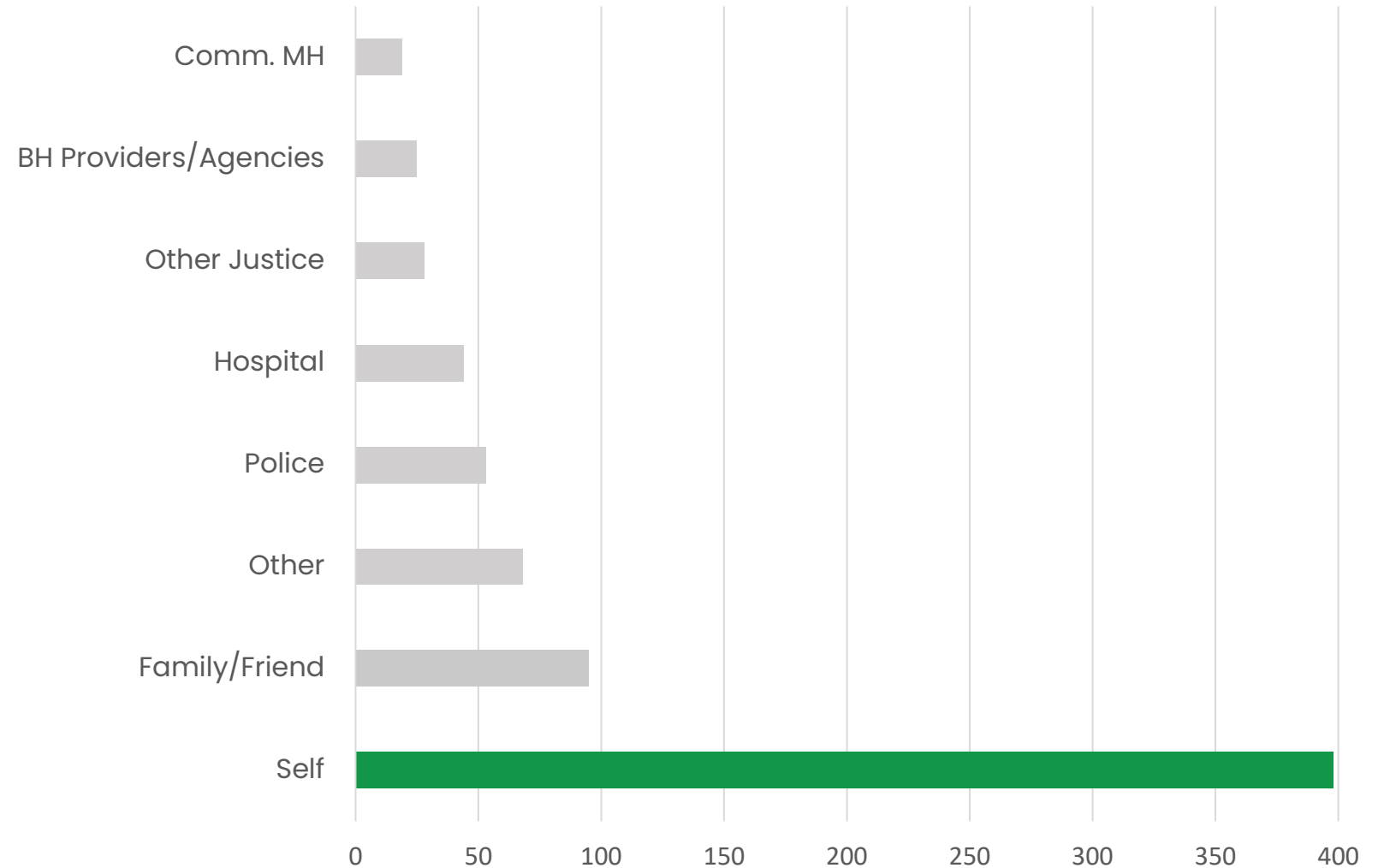
■ Medicaid ■ Not Insured ■ Medicare ■ Other Insurance



Referrals – Incoming

Other referrals include:

- Schools
- VA
- DHW
- Shelters
- Physicians
- Mobile crisis
- 988



Referrals – Outbound

Most common referrals are based on client need:

- Housing
- Mental health services
- Substance use recovery services
- Job/vocational services
- Emergency departments
- In-patient behavioral healthcare
- Residential treatment

Client Satisfaction

Of the clients who took the client satisfaction survey...

- 98% feel their cultural needs were valued
- 98% would visit WIDCCC again if needed
- 98% were happy with the quality of service
- 94% feel their needs were addressed
- 94% feel confident in their wellness plan

Of clients who received a follow-up...

- 61% followed through with their aftercare plan

Prevention – Where would clients be instead?

Of the clients who took the client satisfaction survey...

- 83% would be in the hospital
- 45% would be in jail
- 20% would be in in-patient care
- **22% would be deceased**

Diversion – Return on Investment

Diversion Source	# of Diversions	~Cost Per Visit	Total Savings
Hospital	68	\$2,600	\$176,800
Jail	37	\$82/day (15 days average)	\$45,510
Law Enforcement	53	\$1,000	\$53,000
In-Patient BH Hospital	16	\$2,260 (15 days average)	\$542,400
Total Community Savings:			\$817,710

Additionally, 18 individuals reported they would be deceased (presumably from overdose or suicide) if not for WIDCCC. The average return on investment for preventing death by suicide or overdose is over **\$1.3 million per person.**

Successes & Challenges

Successes

- Census is continuing an upward trend
- New partnerships have been developed resulting in new referrals
- Hesitant clients are building trust with staff and accepting help
- New follow-up process resulting in better service
- Use of district donated vehicle

Challenges

- Medical contingency plans due to med staff shortages
- Inconsistencies with eligibility and admission allowance
- Telehealth not yet being offered for individuals who need it

Goals – What's next?

- Evaluate ROI and Community Savings model
- Continue trust and partnerships building with critical referring providers (law enforcement, health systems)
- Build more partnerships with community serving organizations in all Region 3 counties
- Improve our external communications presence (social media, print)
- Begin providing telehealth crisis options for clients without access to the center

Questions?

cas.adams@swdh.id.gov

Instagram - @westernidcommunitycrisiscenter

Facebook – Western Idaho Community Crisis Center





WESTERN

IDAHO

YOUTH SUPPORT CENTER

PROVIDING YOUTH A SAFE PATH FORWARD

WIYSC SEMI-ANNUAL UPDATE

Cas Adams, Project Manager

About WIYSC

- Partnership between Southwest District Health and Clarvida (formerly Pathways of Idaho)
- Start-up funding from Idaho Department of Juvenile Corrections and ongoing funding from Idaho Department of Health and Welfare
- Fourth youth crisis center in Idaho (others in Boise, Twin Falls, and Idaho Falls)
- Clarvida has extensive experience operating crisis centers, including the WIDCCC and the youth and adult crisis centers in Boise



PROVIDING YOUTH A SAFE PATH FORWARD

Crisis System of Care



Someone to Talk To

988 – Idaho Suicide and Crisis Lifeline



Someone to Respond

Mobile Crisis Units



Somewhere to Be

Western Idaho Youth Support Center



Purpose of Youth Crisis Centers

Prevent Hospital Visits

- Access to a youth crisis center prevents unnecessary emergency department and hospital visits

Prevent Justice Involvement

- Access to a youth crisis center prevents unnecessary involvement with law enforcement and juvenile justice

Prevent Family Conflict

- Youth crisis centers have been shown to reduce violence, child abuse, and out of home placement

Professional & Peer Support

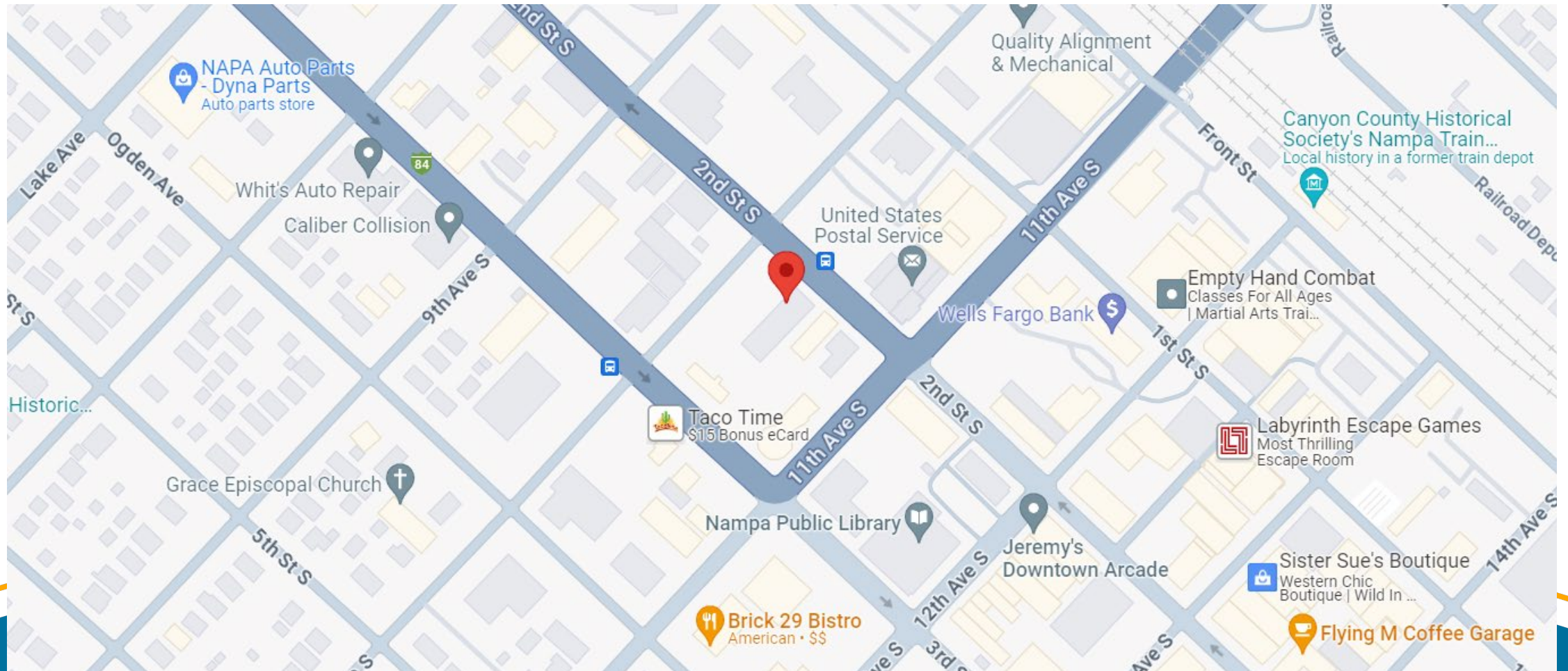
- Crisis professionals de-escalate crisis while setting up resources for youth and their families



**Prevents
future crisis,
self-harm,
suicide
&
Promotes
emotional
well-being**

Open Now!

204 10th Avenue South, Nampa, ID (208) 899-4727



About the Western Idaho Youth Support Center

Who we serve?

- Youth ages 10-17 in the first year of operations
- Youth ages 5-17 in the second year of operations (early 2025)
- Families

Who can come to the center?

- Youth and families from Adams, Gem, Canyon, Owyhee, Payette, and Washington Counties
- The center will not turn away youth from other areas

Services and Support

- Open 24/7/365
- Stay up to 23 hours and 59 minutes in a single episode of care
- Services include:
 - Medical and behavioral health assessments
 - Crisis de-escalation
 - Counseling, peer support, case management
 - Community-based referrals
 - Six beds for rest, food, personal care items
 - Non-medical detox
- Support staff
 - Safety team, EMT basics, clinicians, case managers, and peer support specialists



Eligibility

- No appointment required (walk-ins welcome)
 - Referrals and first responder drop-offs are welcome and the process is quick!
- No insurance required – services **free** to the client
- Voluntary – youth must agree to be there and consent to treat is required
- General exclusionary criteria:
 - Excessively violent, intimidating, or sexually harassing other clients or staff
 - Recent suicide attempt (past 24 hours) or active suicidal plan
 - Medically unstable including those who need medical detox from substances
 - Youth who do not have proper consent from a legal guardian
 - Non-ambulatory (unable to move about on their own)
 - Incoherent and/or otherwise unable to get through intake and assessments

Crisis Defined by Youth and Family

- Reasons youth have visited WIYSC:
 - Conflict in the home
 - General stress
 - Life management difficulty
 - Welfare custody
 - Child abuse
 - Divorce
 - Social exclusion
 - Sleep deprivation
 - Inadequate housing
 - Post-traumatic stress disorder
 - Alcohol abuse
 - Disappearance/death of family
 - Other problems associated with upbringing, psychological trauma, social environment, etc.

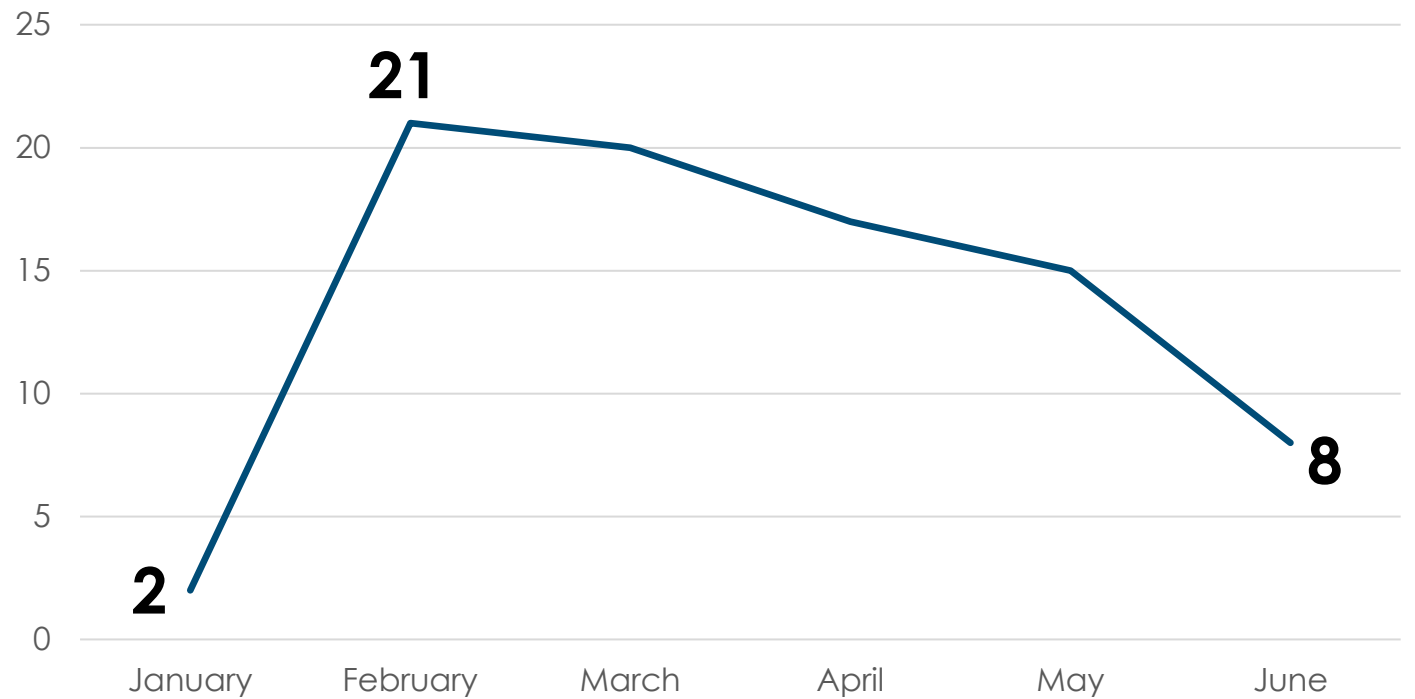
Presenting concerns are symptom management and accessing behavioral health resources, including detox/sobriety

Admissions: January 29 – June 15

Total Admissions: 83

Unique Clients Served: 45

Average ~4 visits per week



Demographics: January 29 – June 15

Gender 65% Female - 35% Male

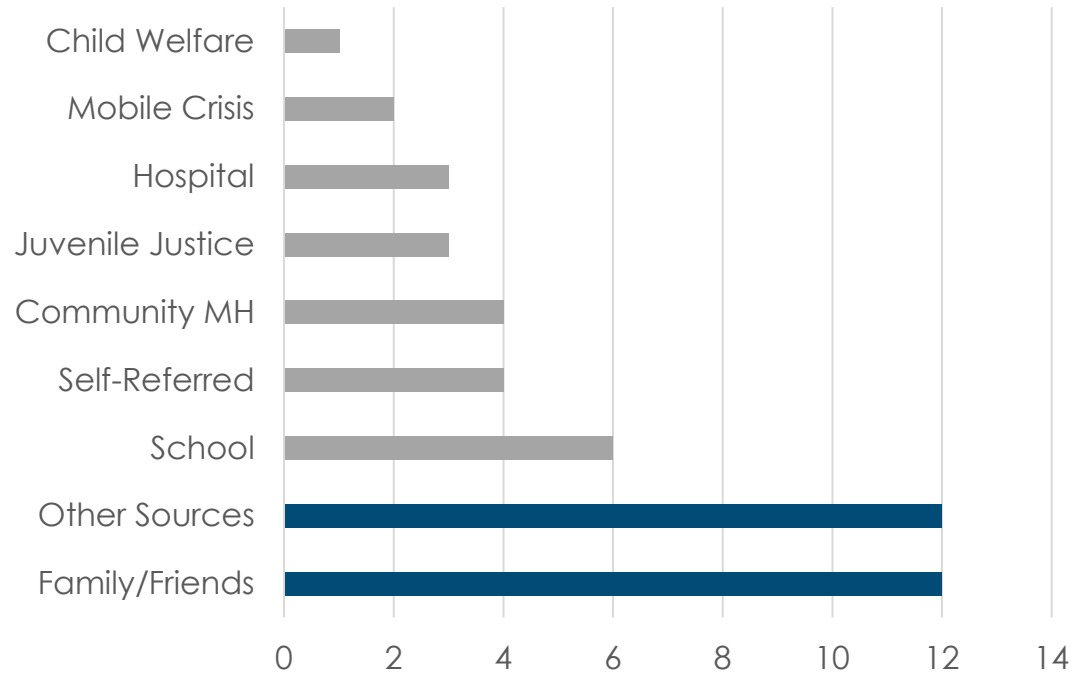
Age Average served age ~13

Residence Majority Canyon County

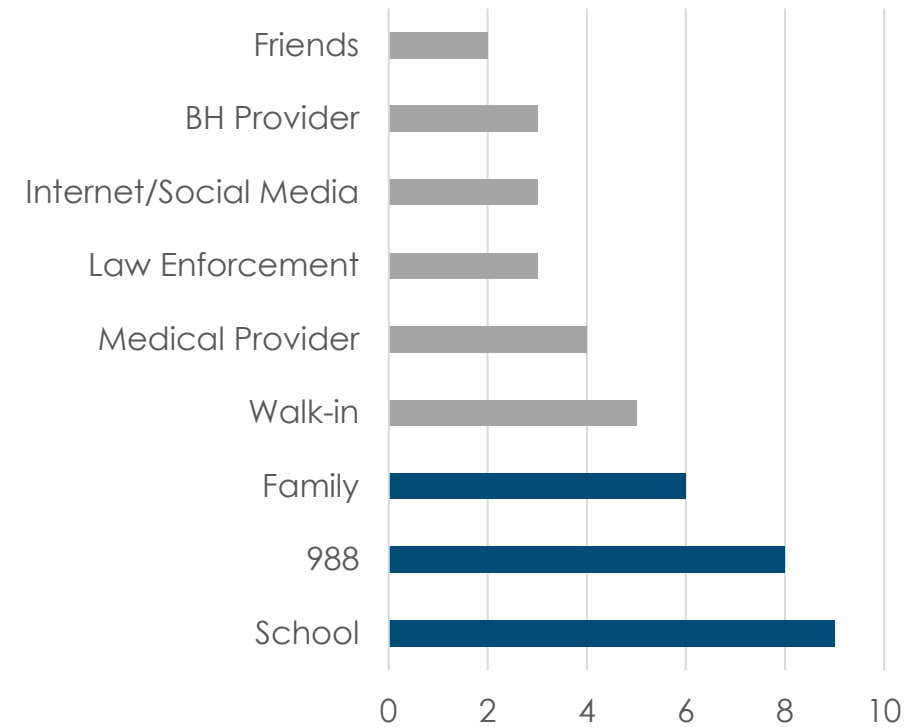
Insurance 64% Medicaid – 20% Private – 16% Unknown

In-Bound Referrals: January 29 – June 15

Referral Sources



Heard About



Aftercare: January 29 – June 15

Discharge Disposition	#
Home/Family	34
Other	5
BH In-patient	4
Hospital	2

Outbound Referrals	#
Community-Based	23
Outpatient/Therapy	10
Intensive Outpatient	8
Med. Management	4
Residential	4
Basic Living Needs	2
Primary Care	2

The **majority** of clients have been safely discharged back into their home with referrals to individualized resources.

In Quarter 1 **90% of clients** have followed through with their aftercare plan.

Diversions: January 29 – June 15

Diversions	#	Average Cost	Cost Savings
911/Police	21	\$1,000	\$21,000
Hospital	26	\$2,600	\$67,600
Estimated Community Savings			\$88,600

Additionally, the Western Idaho Youth Support Center **prevented 8 youth** from harming themselves or others.

Preventing even just one suicide or overdose results in an over **\$1.3 million return on investment.**

Successes, Challenges, & Goals

Successes

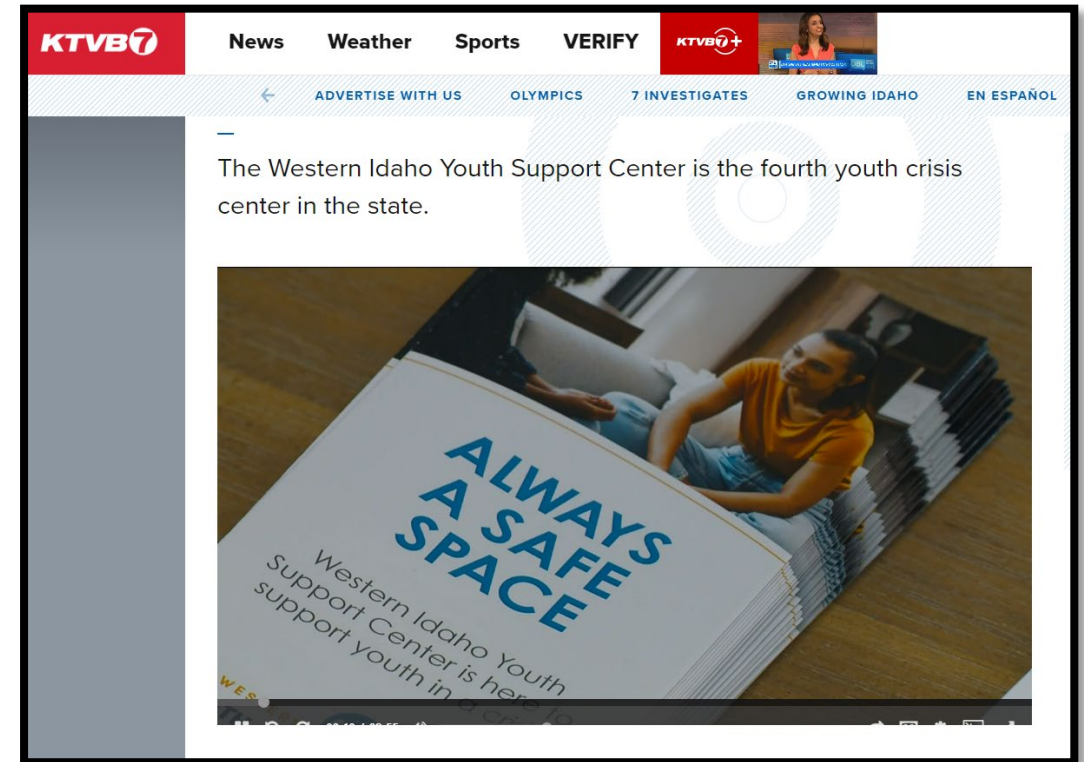
- Successful open house and opening
- Marketing campaign through June
- Minimal denials, consistent admissions
- Navigation of complicated cases while providing quality care

Challenges

- Census (Summer months?)

Goals

- Continued partnership engagement, development and community buy-in to increase census





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Learn more!

www.westernidahoyouthsupportcenter.org

Questions?

cas.adams@swdh.id.gov

Follow us on social!



Western Idaho Youth Support Center



@westernidyouthsupportcenter

**BYLAWS
SOUTHWEST DISTRICT HEALTH
BOARD OF HEALTH
Amended June 28, 2022**

ARTICLE 1

- 1.1.1 The name of this organization shall be the Board of Health (BOH) of the Southwest District Health (SWDH).
- 1.1.2 The environmental protection and physical health responsibility of the BOH shall be to the southwest region of the State of Idaho, specifically that territory which includes the following counties: Adams, Canyon, Gem, Owyhee, Payette, and Washington. (IC 39-408, 39-409, 39-410)
- 1.1.3 The headquarters of the BOH shall be located in the most populous county in the district at a location selected by the Board. (IC 39-414)

ARTICLE 2

- 2.1 The BOH is organized pursuant to Title 39, Chapter 4, Sections 39-408 to 39-426 of the Idaho Code and shall have environmental protection and physical health authority within the designated area of these bylaws, after July 1, 1971.
- 2.2 The BOH shall adopt and implement, where applicable, Sections 39-408 through 39-426, Title 39, Chapter 4 of the Idaho Code as well as the articles specified in these by-laws.

ARTICLE 3

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the district, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health as determined by the BOH and Title 39, Chapter 4, Section 39-414 of the Idaho Code.

ARTICLE 4

- 4.1 The BOH shall consist of seven (7) members to be appointed by the boards of county commissioners within the district acting jointly. All provisions of Section 39-411 of the Idaho Code relative to the composition, qualifications, appointments and terms of appointment shall be observed in the selection of members to the BOH.
 - The process of selecting a physician in accordance with Idaho Code 39-411(2) will be as follows:
 - 1. The Director will announce the vacancy and lead recruitment efforts.
 - 2. The Director will collect cover letters and resumes from interested candidates and present them to board members in a BOH meeting where the board will determine which candidates will be interviewed for consideration.

3. The Director will schedule a Special BOH meeting to conduct interviews and the Board will identify the top candidate.
4. The Director will initiate the appointment process as outlined in Idaho Code 39-411(3).

- 4.2 The county commissioners shall be informed at least one month prior to the expiration of the term of a BOH member. Terms of appointment shall begin on July 1 and expire June 30 in the last year of the term.
- 4.3 The Chairman and Vice-Chairman of the BOH shall be elected by a majority vote of the members and serve a term of one year beginning July 1 and ending twelve months later on June 30. The Chairman shall preside over and conduct all meetings and act as the legal representative of all BOH transactions. In the absence of the Chairman, the Vice-Chairman shall preside. In the absence of the Chairman and Vice-Chairman, the Trustee shall preside. In the absence of Chairman, Vice-Chairman and Trustee, the longest standing board member shall preside. The Chairman, Vice-Chairman and Trustee shall perform such other duties as may be prescribed by the BOH.
- 4.4 The BOH shall select and appoint a director of the health district. The Director shall serve as the chief administrative officer to the district and shall be the secretary to the BOH.
- 4.5 A BOH member can be removed by majority vote of all County Commissioners in the District, EXCEPT: A Board member may resign by a written letter of resignation to the Chair of the County Commissioners of their resident county; copies to the Chair of the BOH and the Secretary of the Board.
- 4.6 Any member of the BOH who shall be absent from three consecutive meetings for reasons not deemed reasonable by the Board will be construed as a resignation from the BOH. The Secretary of the Board shall notify the County Commissioners and request a replacement be nominated.

ARTICLE 5

- 5.1 The BOH shall meet at least once every three months on the fourth Tuesday of the month. Meetings will be held at SWDH, 13307 Miami Lane, Caldwell, Idaho unless notification is given by the Chairman to each member of the BOH of the change in time or place.
- 5.2 Additional meetings may be called by the Chairman or by a majority of the members of the Board.
- 5.3 Public announcement of time and place shall be given by posting the annual notice of meeting dates in a public place and on the SWDH website.
- 5.4 Four members shall be necessary to constitute a quorum and the action of the majority of the members present shall be the action of the BOH.

ARTICLE 6

Roberts Rules of Order (revised) shall be the governing authority for the order of business and conduct of all meetings of the BOH when not in conflict with the bylaws.

ARTICLE 7

- 7.1 BOH members shall acknowledge and understand that SWDH is a governmental organization and that in order to maintain its federal and state tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 7.2 BOH members shall not use positions to promote any personal or professional business relationships, contracts, or financial gain.
- 7.3 BOH members shall promptly disclose the existence of an actual or possible conflict of interest including any potential financial interest and all material facts to the BOH or the SWDH Director.
- 7.4 BOH members shall promptly notify the BOH or the SWDH Director should any interest become potentially detrimental to SWDH.
- 7.5 BOH members shall not have been convicted of a felony or criminal offense related to the delivery of health care.
- 7.6 BOH members shall acknowledge that each member of the BOH has a fiduciary duty to SWDH, and as part of that duty each member is to maintain absolute confidentiality as to all non-public information to which access is available by reason of BOH membership. BOH members shall disclose and discuss such information only with appropriate officers, employees, agents, and advisors of SWDH and only for valid SWDH purposes or as otherwise required by law.
- 7.7 BOH members shall serve on the BOH as active participants and shall contribute ideas, perspectives, and feedback.
- 7.8 BOH members shall strive to conduct themselves in an ethical manner at all times and shall consult with SWDH leadership regarding any concerns, grievances, or issues that must be resolved.

These bylaws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the BOH to each member or mailed to those not in attendance at the meeting and that adoption of amendments be stated in the agenda of the meeting at which the proposed amendments will be voted upon.

Adopted: 09/12/1972

Amended: 12/09/1980, 01/24/2017; 08/25/2020; 6/28/2022, 6/25/2024